GPNP99-LTC-CA01/GC.LTC899FO-CA01-C

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination F	Periods			
•	☐ 2 Yrs. ✓ 6 Yrs. Company Notes: 5, 2190, 2555 (No. of	✓ 3 Yrs. ✓ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ☐ Service Day		
	Yrs. also available.	days) umos mo m	arsing racinty	Inflation Pro	tection			
				✓ 5% Compou		✓ Guaranteed Purchase Option☐ Important Company Notes		
Nursing Ho	me Daily Bene	fit Amounts			= 070 Simple			
	m to \$300 maxim d in increments o per week							
☐ Not Availab	ole							
✓ Important (Company Notes:			Residential Care Facility Daily Benefit Amounts				
✓ Important Company Notes: These services are reimbursed up to 100% of the daily benefit		penefit	Represents the percentage of the Nursing Home Daily Benefit Amount. ✓ 80% ✓ 75% ✓ 100% ✓ 90% ✓ 70% ☐ Important Company Notes					

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	tion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 ye	ear maximum į	policy benefit	3 year maximu	m policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$192	Not Available	Not Available	\$600	\$324	\$1,091
55	\$301	Not Available	Not Available	\$807	\$491	\$1,411
60	\$477	Not Available	Not Available	\$1,090	\$748	\$1,830
65	\$778	Not Available	Not Available	\$1,510	\$1,167	\$2,426
70	\$1,268	Not Available	Not Available	\$2,122	\$1,887	\$3,387
75	\$2,058	Not Available	Not Available	\$3,016	\$3,038	\$4,779
80	\$3,291	Not Available	Not Available	\$4,306	\$4,814	\$6,766

Waiver of Premium

GPNP99-LTC-CA01/GC.LTC899FO-CA01-C

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE		
✓ 5 Yrs.	✓ 6 Yrs.	✓ 7 Yrs.	Lifetime	☐ 20 days		Calendar Day		
☐ Important C	company Notes:			✓ 30 days	☐ 100 days	☐ Service Day		
				Inflation Pro	tection			
				✓ 5% Compound✓ Guaranteed Purchase Option✓ 5% Simple✓ Important Company Notes				
Nursing Hon	ne Daily Bene	fit Amounts		The increase in coverage may be purchased without a health screen, as long as the insrued has selected it once in every 2 offerings. This				
\$75 minimum to \$300 maximum per [day, week or month] offered in increments of \$25. ✓ per day ☐ per week ☐ per month			-	is offered to insureds regardless of claims status, claim history or length of participation in the plan.				
☐ Not Availab	le							
✓ Important C	company Notes:			Residential (Care Facility Daily	y Benefit Amounts		
•	re reimbrused up to 1	00% of the daily b	penefit.	Represents the percentage of the Nursing Home Denefit Amount. ✓ 80% ✓ 7 ✓ 100% ✓ 90% ✓ 70% ☐ Important Company Notes				

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	tion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 ye	ear maximum į	policy benefit	3 year maximu	m policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$192	Not Available	Not Available	\$600	\$324	\$1,091
55	\$301	Not Available	Not Available	\$807	\$491	\$1,411
60	\$477	Not Available	Not Available	\$1,090	\$748	\$1,830
65	\$778	Not Available	Not Available	\$1,510	\$1,167	\$2,426
70	\$1,268	Not Available	Not Available	\$2,122	\$1,887	\$3,387
75	\$2,058	Not Available	Not Available	\$3,016	\$3,038	\$4,779
80	\$3,291	Not Available	Not Available	\$4,306	\$4,814	\$6,766

Waiver of Premium

GPNP99-LTC-CA01/GC.LTC899FO-CA01-S

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr. ✓ 5 Yrs.	☐ 2 Yrs. ☑ 6 Yrs.	✓ 3 Yrs.✓ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days	☐ 60 days ☑ 90 days	TYPE ☐ Calendar Day	
	company Notes:	▼ / 115.	Liletime		☐ 100 days	✓ Service Day	
				Inflation Pro	tection		
				✓ 5% Compound ✓ Guaranteed Purchase Option ☐ 5% Simple ☐ Important Company Notes The increase in coverage may be purchased without a health screen, as long as the insrued has selected it once in every 2 offerings. This			
Nursing Hor	ne Daily Bene	fit Amounts					
\$75 minimum to \$300 maximum per [day, week or month] offered in increments of \$25. ✓ per day ☐ per week ☐ per month				is offered to insureds regardless of claims status, claim history or length of participation in the plan.			
☐ Not Availab	le						
✓ Important C	Company Notes:			Residential (Care Facility Daily	/ Benefit Amounts	
✓ Important Company Notes: These services are reimbrused up to 100% of the daily benefit.				Represents the percentage of the Nursing Home Daily Benefit Amount. ✓ 80% ✓ 75% ✓ 100% ✓ 90% ✓ 70% ☐ Important Company Notes			

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	nination Period.	90 Day Elimination Period.	
3 ye	ear maximum	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$185	Not Available	\$168	\$545	\$295	\$993
55	\$289	Not Available	\$261	\$731	\$445	\$1,283
60	\$458	Not Available	\$413	\$986	\$676	\$1,661
65	\$747	Not Available	\$671	\$1,364	\$1,050	\$2,197
70	\$1,216	Not Available	\$1,088	\$1,912	\$1,692	\$3,059
75	\$1,971	Not Available	\$1,758	\$2,711	\$2,714	\$4,303
80	\$3,149	Not Available	\$2,800	\$3,858	\$4,285	\$6,068

GPNP99-LTC-CA01/GC.LTC899FO-CA01-S

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
	☐ 2 Yrs. ✓ 6 Yrs. ompany Notes: 2190, 2555 (No. of c	✓ 3 Yrs. ✓ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ✓ Calendar Day ✓ Service Day	
Daily Benefit. 10		.ay 0/000 110	aremig r demog	Inflation Prot	tection		
				✓ 5% Compou		✓ Guaranteed Purchase Option☐ Important Company Notes	
Nursing Hon	ne Daily Benef	it Amounts				Company Notes	
	n to \$300 maximud in increments o per week						
☐ Not Availab	е						
✓ Important C	ompany Notes:			Residential C	Care Facility Daily	y Benefit Amounts	
•	e reimbursed up to 10	00% of the daily b	enefit	Represents the Benefit Amount 100% 70%	percentage of the N . 90% Important Compa	30% ✓ 75%	

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$185	Not Available	\$168	\$545	\$295	\$993
55	\$289	Not Available	\$261	\$731	\$445	\$1,283
60	\$458	Not Available	\$413	\$986	\$676	\$1,661
65	\$747	Not Available	\$671	\$1,364	\$1,050	\$2,197
70	\$1,216	Not Available	\$1,088	\$1,912	\$1,692	\$3,059
75	\$1,971	Not Available	\$1,758	\$2,711	\$2,714	\$4,303
80	\$3,149	Not Available	\$2,800	\$3,858	\$4,285	\$6,068

Unum Life Insurance Company of America

TQGLTC95 ER NFR

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination Periods			
☐ 1 Yr. ☐ 5 Yrs. ☐ Important C	✓ 2 Yrs. ✓ 6 Yrs. company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	✓ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day	
				Inflation Pro	tection		
				✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ☐ Important Company Notes Also 5% Compound and Simple capped at 200% of the original monthly benefit amount.			
Nursing Hon	ne Daily Bene	fit Amounts					
	ım to \$6000 max d in increments o □ per week			monthly belieft an	iouni.		
☐ Not Availab	le						
☐ Important Company Notes:				Residential Care Facility Daily Benefit Amounts			
□ Important Company Notes:				Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 100% □ Important Company Notes			

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premium will be waived.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$160	\$449	\$139	\$399	\$231	\$643
55	\$227	\$567	\$202	\$504	\$319	\$802
60	\$353	\$752	\$311	\$668	\$487	\$1,037
65	\$626	\$1,172	\$554	\$1,037	\$844	\$1,579
70	\$1,079	\$1,777	\$958	\$1,575	\$1,441	\$2,381
75	\$2,003	\$2,982	\$1,777	\$2,646	\$2,633	\$3,923
80	\$3,247	\$4,448	\$2,877	\$3,944	\$4,221	\$5,779